

EXHIBIT "C"



of Avalon Risk Management, Inc.
Authorized agent on behalf of UTI, United States, Inc.
150 Northwest Point Boulevard
4th Floor
Egg Harbor Township, NJ 08007
Phone: 847-700-8125
Direct Fax: 847-264-2788
Fax: 847-700-8117

ASSIGNMENT OF RIGHTS

To: Mr. Martin L. Grayson
For and on behalf of Arsenal Products

Dear Mr. Grayson

RE:	UTI, United States, Inc.
Bill of Lading:	5681017548
Maersk Bill of Lading:	MAEU510916473
Claim:	Cape Scott V.0627 -- Water Damage September 4, 2006
Your Reference Number:	0257 07 3002
Avalon Claim Number:	ARMUT-0002803

In consideration of you refraining from taking action or instituting proceedings against UTI, United States, Inc. or any of its agents or employees, on behalf of UTI United States Inc. we hereby assign fully to you all rights of claim and recovery arising under the Maersk Bill of Lading (numbered as above) against that carrier in respect of the above referenced loss.

Yours faithfully,

Michele McGrath

Michele McGrath
Avalon Risk Management, Inc.
For and on behalf of
UTI, United States, Inc.

UTI, United States, Inc.

SENDER: COMPLETE THIS SECTION		ADDRESSEE: COMPLETE THIS SECTION	
<p>■ Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return this card to you.</p> <p>■ Attach this card to the back of the mail piece, or on the front if space permits.</p>		<p>A. Signature X PADETT ARTPACHON <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>UTI Worldwide % Avalon Risk Mgmt 150 Northwest Point Blvd Elk Grove Village IL 60007</p>		<p>B. Received by <i>[Signature]</i> C. Date of Delivery</p>	
		<p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
		<p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>Postage Number (Transfers from service label) RR 355 955 786 US</p>			
<p>Form 3811, February 2004</p>		<p>Domestic Return Receipt 102695-02-1</p>	